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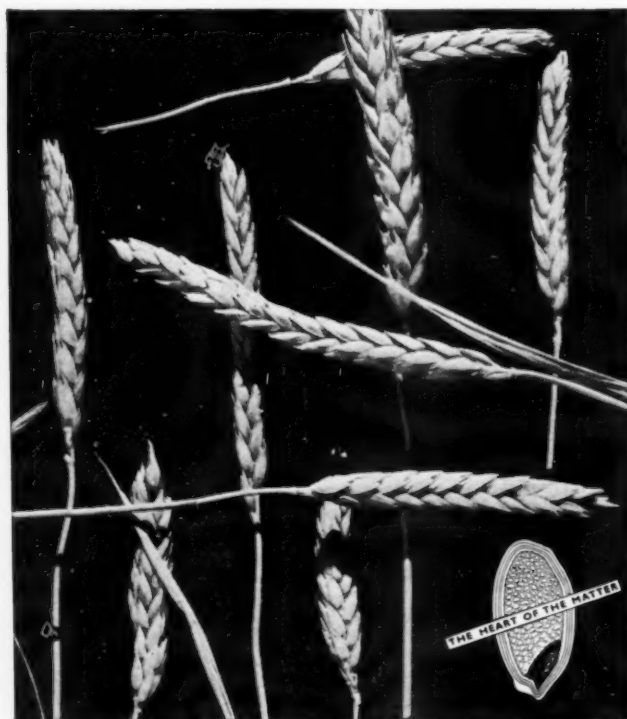
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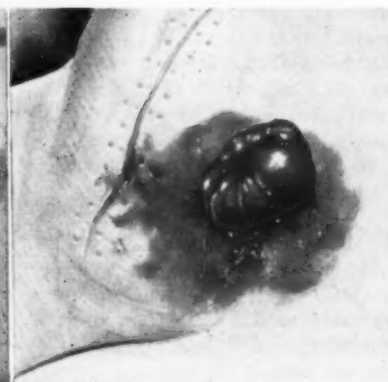
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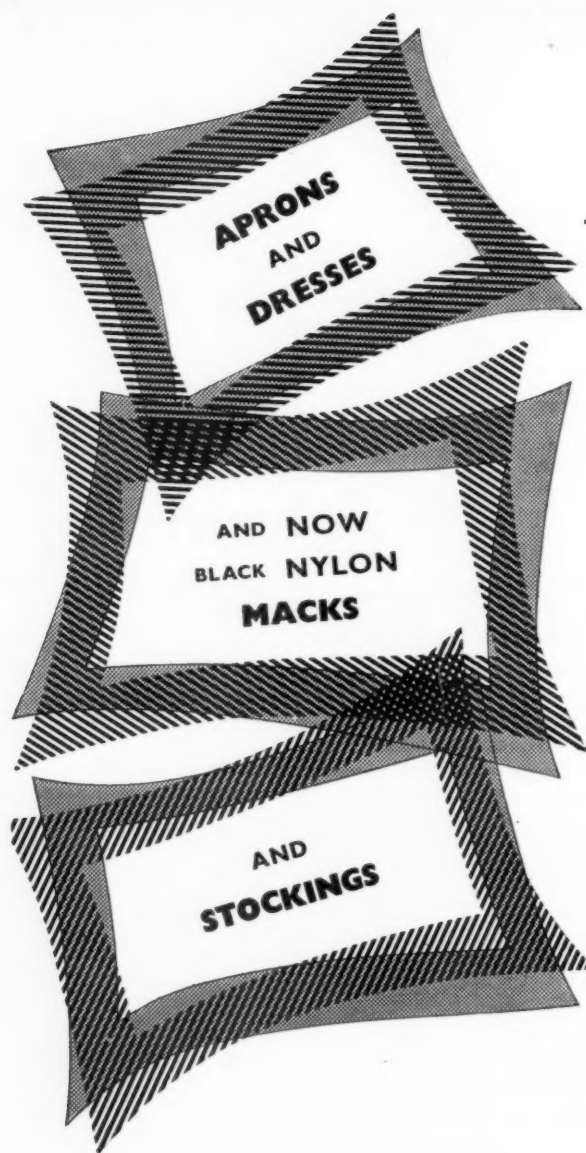
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District Nursing

CONTENTS

GUARD THAT FIRE

A campaign for home safety 152

OVERCOMING THE PROBLEMS OF ADOLESCENCE

by Eve Lewis, M.A. 154

NEW PORTABLE LIFE-SAVER

Oxygen on the move 157

LANCASHIRE'S TRAINING EXPERIMENT

A review of the first seven years
by Lucy Jones, S.R.N., S.C.M., R.F.N., Q.N. and H.V. certs. 158

CROYDON'S NEW DISTRICT NURSING HEADQUARTERS

Minister opens first post-war centre 160

THE FUTURE OF THE SCHOOL HEALTH SERVICE

The R.S.H. prize-winning essay in the competition for
health visitors
by Mary Dickinson, S.R.N., S.C.M., A.R.S.H. 162

NURSING BOOKSHELF

Basic Nursing Education
Pharmacology for Nurses 166

NURSES IN THE NEWS

Photographs, paragraphs, appointments 167

Editorial

AS the autumn chill comes into the air, danger is once again re-kindled in the hearth. Warming the homes of the United Kingdom at present kills 700 people a year and puts fifty thousand in hospital with serious burns. The majority of the victims are children under 14 years and the elderly over 65 years of age.

Unguarded fires setting clothing alight cause more than half these tragically unnecessary accidents. Because of the nature of their dress the toll of women is heavier than that of men.

In 1952 an amendment to the Children and Young Persons Act made a parent or other person in charge of a child aged twelve or under, liable to a fine if that child dies or is seriously injured from burns caused by an unguarded fire or heating appliance. Under the Heating Appliances (Fireguards) Act 1952, all gas, electric and oil fires on sale since October 1954 have had to be fitted with safety guards, satisfying Home Office regulations.

The law cannot, however, compel guards to be fitted to old heating appliances bought before that date; and it has no power either over the open coal fire. This is the most dangerous source of accidents because a guard cannot be permanently fixed. The guard has to be removed whenever the fire is made up, and it is easy to omit to replace it.

The open fire and old gas and electric fires therefore remain the responsibility of individual householders. The aim of the national "Guard that Fire" Campaign in November will be to persuade all householders to take steps to protect the members of their household and their property by seeing that suitable guards are fitted to all their fires and heating appliances.

Investigation shows that risk of burning accidents rises sharply amongst the infirm and handicapped; cases of mental illness and senility; and people in lowered states of health during illness or convalescence.

District nurses and their colleagues whose calling takes them into people's homes can help considerably by emphasising the need for eliminating the danger from unguarded fires.



DANGER in the home



Accident at teatime
Baby badly scalded

A teapot within baby's reach ... mother's attention distracted for a moment. How easily this could lead to an accident, with terrible pain and so often disfigurement for life.



KEEP TEAPOTS & HOT WATER JUGS WELL OUT OF REACH

Guard that Fire

In April this year a small campaign for the use of fireguards was sponsored by the Rotary Club in Bathgate, Scotland. The result was that during the campaign fortnight sales of fireguards in the district increased nine times. That is the first experience of a fireguard campaign, now to be launched on a national scale under sponsorship of the Home Secretary and Secretary of State for Scotland with the support of the Ministry of Health and in conjunction with the Royal Society for the Prevention of Accidents.

On these pages we show three of the posters that will support the campaign and help to make people aware of the risks of burns and scalds in everyday life. They are pictures to shock—but to shock out of lethargy into action to save lives and prevent injury and suffering.

As part of the campaign, a Queen's Institute conference will be held at Caxton Hall, Westminster, S.W.1, on Thursday, 23rd October, at 2.30 p.m. Free tickets may be obtained from the General Secretary.

DANGER

in
the
home



NO FIREGUARD —Child was burned

A West Street girl whose dress caught alight on an unguarded fire is now in hospital suffering from extensive burns.
Her mother, Mrs. James, who was summoned today for not having a fireguard, said in Court that she had left the room "for about two minutes" when she heard her daughter scream.



If there had been a fixed fireguard, this would never have happened. Could this have been your child — scarred so terribly? Your child could be burned to death by an unguarded fire!

FIT ALL FIRES WITH A FIXED FIREGUARD



DANGER in the home



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Baby badly scalded

A teapot within baby's reach . . . mother's attention distracted for a moment. How easily this could lead to an accident, with terrible pain and so often disfigurement for life.



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FIT ALL FIRES WITH A FIXED FIREGUARD

Overcoming the Problems of Adolescence

by EVE LEWIS, M.A.

ADOLESCENCE—those years which lie between the onset of puberty and the age of about seventeen—can be a very difficult stage of development for children, especially in our modern civilisation. But we are still insufficiently aware of the natural emotional changes that are taking place in the young person, and of the problems that come in their train. Nor do we always realise how greatly the adolescent is dependent upon wise and sympathetic understanding from adults, if he is to face and overcome these problems, and to grow up in so doing.

The main difficulty centres in the fact that once physical maturing is complete, the young adolescent can and does experience all the strong instinctual urges which impel the individual to fulfil his biological purpose of mating and having children. Our young people are very seldom conscious of the true aim and nature of these strivings; but they do, in the roots of their being, become aware of great unrest.

They feel that they are becoming persons in their own right and they long for recognition and independence. Consequently they are resentful of the prohibitions and restrictions with which home, school, and the community at large appear to hedge them in. At the same time, adolescent boys and girls have a sense of being trapped by their own inadequacies. They know very well that they have not the mental skills which are needed, if they are to take other than a very simple place in our complex and highly differentiated society. They suspect—this frightens and angers them—that they are too emotionally immature to bear all the stresses of living. Passionately desiring independence, full of high purpose as to their future, they are yet aware of the fact that they are not equal to the responsibilities they want to assume.

If adults understand that the adolescent is faced with these real and painful dilemmas, which give rise to a variety of exacting problems, they can usually help the child to weather such storms as must at intervals arise to buffet and distress him. But too often neither parents nor the children have any insight into the situation which has come about as a result of physical maturing and the urges which accompany it. No one knows what is happening. The children experience moods of anxiety, depression, exaltation; they are beset by resentments; they feel defiant and angry.

All this is complicated by feelings of guilt over their behaviour towards their parents. The parents are exasperated and bewildered by the children's irrationality, and by the changes that are taking place in them. Sometimes, if the situation is badly mishandled, the parent-child relationship degenerates to such an extent

that it may be years before the wounds dealt by each to the other are healed.

For parents and children alike, salvation lies in their recognising that adolescence is a fateful stage in the development of personality. The adolescent has reached a place where he has to begin to become the individual God created him to be. He must learn to sacrifice the infantile or childish dependence upon his parents, which has hitherto characterised their relationship. At the same time he must have the humility to realise that he is still inexperienced and young, and that the advice of adults merits at least his serious consideration.

Parents must show patience, tolerance, and, above all, respect for the child's experiments in independence.

Primitive peoples have always recognised adolescence as a period of important growth. Consequently adults and adolescents approach this stage of life with solemnity and reverence. Many ceremonies and rites are performed to symbolise separation from the parent, and to show the boys and girls their more responsible—but still relatively humble—status and duties in the community. A most sensitive picture is given in Camara Laye's book "The Dark Child" of rituals which, with local variations, have been practised down all the ages amongst peoples who have not, as we unfortunately have, lost touch with the instinctual sources of life.

Changing Personality

Naturally we cannot in our western civilisation do things of this nature. It is a great pity that we cannot treat puberty with the respect it merits, and do something to symbolise its importance. But parents can and should recognise their duty to help their children to mature psychologically. They can show respect for the changing personality; and they must study how to give a reasonable measure of independence. In this connection it is particularly important that adults should encourage the tendency to think for themselves, which appears in the great majority of adolescents. They will advance queer, irrational, and iconoclastic opinions. But this is infinitely better than that they should persist in the childish pattern of accepting without question all they are told.

Adolescence is a period when the child should examine and evaluate all the religious, moral, and social values which have hitherto been impressed upon him, as it were, from without. If we show due regard for his doubts and questionings and denials, and treat them with reason, we can help him to establish all that is of value as real, unshakable, convictions. With our help he has tested and tried, and, *of himself*, found them worth while.

But if we refuse to accept his new-found opinions, or are shocked by his unorthodox points of view; if we just hammer him down as foolish, wicked, ungrateful and all the rest; then we are on the way to making either a determined rebel, or a spiritless subservient creature, who will never be capable of initiative or of independent thinking.

This latter is one of the dangers to which the adolescent is wide open. Much as he longs for independence, somewhere he also fears the inevitable responsibility it would bring. Part of him still clings to the old carefree days where he was wholly dependent upon his parents, and would like the pattern to be perpetuated. He swings to and fro between the urges, both of which are insistent and strong, to become psychologically an independent individual and to remain psychologically a child. The measure of his success in the conflict rests largely in the hands of his parents and teachers.

There are many practical ways in which adults can help adolescents to make creative use of all these stresses. In addition to recognising the fundamental problem, they must recognise the children's right now to manage their own lives to a certain extent. They should try to reach reasonable and reasoned agreements about such common sources of contention as the friendships the children form, the enthusiasms they develop, the number and nature of evening outings, the times at which they should come home, go to bed and so forth.

Particularly they should be sensitive to the children's sense of their own prestige as maturing beings. Recently a lad of fifteen told me that when he obtained his first job, carrying a wage of £2 15s. 0d. a week, he hurried delightedly home to inform his widowed mother that he would give her £2 and keep 15s. for pocket money and the hire purchase of a bicycle.

She retorted: "You'll do nothing of the kind! You'll bring me your pay packet, and I'll give you what I think". With these few words she destroyed his joyous sense of being the man in the house, and crushed his real desire to repay her for what she had done for him in the past. His new position was summed up when he said resentfully to me: "We'll see how much she gets out of me now."

I also remember a pretty, well-developed girl of fourteen, whose parents would not let her out after seven o'clock, although all her friends went to youth clubs, occasional dances and the cinema. The parents insisted that the girl was too young to go out alone and that she could not be trusted to make good friends. They were genuinely amazed when I pointed out that their daughter had been physically mature for two years, had a good reputation in school, and appeared very sensible. To them she was still a child of about ten.

Attitudes such as these on the part of parents rob the children of their dignity. They are often the cause of the difficulties which arise in connection with the heterosexual and homosexual relationships which young adolescents begin to form under the impetus of their maturing sexuality, and the tendency to idealism and to

affectionate outpourings which accompany it. Misconception and suffering come first if, when the children have reached this point, they are not helped to understand the new ways in which the body is developing.

Whilst it is true that sex is no longer wrapped in secrecy or treated as something rather disgusting and shameful, yet we do not take sufficient care to introduce the children fully and with reverence to what is happening to them. The girl should know that the developing breasts, menstruation and the growth of pubic and axillary hair are indications that she is now capable of child bearing. She should understand the exact nature and function of the menses.

In the same way the boy should know that the broken voice, the definition of the bony structure of the face, and nocturnal emissions show that he can now beget a child. He should be reassured about nocturnal emissions which, to many boys, are very alarming. Too often young people are only told that now they are capable of "getting into trouble" and are fiercely warned of the consequences. An attachment to a member of the same sex is sometimes treated, especially in the case of a boy, as likely to bring him into the hands of the police, whilst the girl may be regarded with ridicule or contempt.

Basis of Attachments

These attachments are probably the most misunderstood and the most mishandled of all the natural manifestations of adolescent growth. One sees far too many children fall mentally ill—sometimes irreversibly—because they have been made to think that they are foolish, or even perverted, in their admiration and love for someone who is of the same sex as themselves. Yet the basic, unconscious standpoint behind such falling in love is no more than a statement by the child: "This is the kind of woman—or man—I would like to become."

Devotion to a child of the same age is equally an indication that the loved one has qualities the lover would like to possess. An adult, faced with such an attachment, needs great understanding and great humility. He must realise that the child is prompted by an inner search for a personal ideal. He has now to become an individual; he wants to become great, attractive, good. He thinks he sees these qualities in someone else and is filled with admiration for them.

If the adult is affronted by this worship he cannot but harm the child. If he is secretly flattered, and uses it to feed his own vanity, he is sinning against the simplicity and purity of the child's unconscious seeking for a personal ideal, and may bring about the very perversion we want to avoid. If the child is treated with respect under these circumstances, and helped to see that he must develop the admired qualities in himself, he will grow through this natural stage of development and pass on to that of beginning to have a romantic attachment to some member of the opposite sex.

This also is partly rooted in his search for a personal ideal. We now know that, just as every human being has vestigial aspects of the opposite sex in his physical

make-up, so he has in his psyche, qualities of the opposite sex. It is necessary for the full rounding of the personality that these qualities should be developed and firmly integrated into the whole. The woman is the better for having something of the objectivity and logic of the male; the man, if he has the richer feeling and the desire to create through relationships, which is characteristic of feminine psychology.

I once heard an adolescent girl assert: "When a girl falls in love with a boy she's saying: 'That's the kind of boy I'd like to be, if I was one!'" and when a boy falls in love with a girl he's saying: 'That's the kind of girl I'd like to be, if I was one!'" This is a very exact statement of what is taking place in the child's unconscious in early heterosexual love affairs. The personal ideal is still being eagerly sought; this time in order that admirable qualities of the opposite sex may be valued and integrated into the personality.

Too often it is the fault of the child's environment if these attachments become precocious and physically sexual. Either the young adolescent has had a bad example set before him, or else he has had his emergent idealism besmirched by foolish innuendoes on the part of others. An adolescent boy once told me that he had given up a girl because his parents jested about his affection for her. He said: "I liked her and she liked me and that was all there was to it. But my mother was always joking about kissing and that kind of rot, and her dad called me her date. We just got sick of it."

Search for A Mate

A later aspect of heterosexual attachments is naturally dictated by the search for a suitable mate. Here again, if the community appreciated the gravity of this impulse, and if we had not lost sight of the fact that true love is a union of body, mind and spirit, we should have less precocious sexuality amongst our young adolescents.

So far we have spoken of what may be called the normal problems of adolescence. They are only likely to become pathological if the child is already unstable, or because his development has been hampered by misunderstanding and mismanagement on the part of the people in his immediate environment.

It would take far too long to discuss morbid conditions here; and in any case they require specialist treatment. But it should be said that, if an adolescent becomes very withdrawn, anxious, hypochondriacal or anti-social, the expert help of a child guidance clinic should be sought. These children have fallen by the wayside and are mentally sick. A few may 'grow out of' the condition; but it is taking a great risk to assume that any child can do so without skilled psychiatric aid. They, happily, are a very small minority.

Adolescence is a stormy and difficult stage of growth, during which the child seeks to establish himself as a whole and psychologically independent being. Guided by adult sympathy and understanding, the majority of young people achieve this purpose, albeit not without suffering.

ON THE HEALTH FRONT

LONDON NURSING EXHIBITION

OVER 9,000 nurses, from all parts of the United Kingdom and from overseas, are expected to visit the 43rd annual professional nurses and midwives conference and the London Nursing Exhibition, to be held at the Seymour Hall, London, W.1., from 13th to 17th October, under the auspices of the *Nursing Mirror*.

The main hall will display the latest developments in drugs, pharmaceuticals, foods, hospital and allied equipment; the small hall will be chiefly devoted to a new diabetic feature.

The conference, described as the finest post-graduate course for nurses in existence, will consist of daily programmes of lectures by eminent specialists, and will open with a lecture on *Ecbolics* (the use of drugs in pregnancy and childbirth).

The exhibition and conference are open to members of the nursing, medical and midwifery professions (including students) and auxiliaries, but not to the general public. Free admission tickets may be obtained from the Organiser, London Nursing Exhibition, Dorset House, Stamford Street, London, S.E.1.

RED CROSS DRESS SHOW

THE international work of the British Red Cross Society will benefit from a charity dress show at Blenheim Palace in November, in the presence of H.R.H. Princess Margaret.

M. Yves St. Laurent, 22-year old successor to Christian Dior, paid his first visit to Britain in September, to discuss arrangements for the showing of the Dior Winter Collection. The net proceeds from a similar show in 1954 exceeded £8,000.

POLIO VACCINATION PROGRAMME

THE Minister of Health recently announced details of the Government's plans for the extension of the polio vaccination programme:

- 1 A drive to complete the vaccination of all those registered in the present priority groups and to raise the acceptance rate among these groups as high as possible. (The present groups are: (a) children between the ages of 6 months and 15 years; (b) expectant mothers; (c) general practitioners, hospital staff in contact with polio patients, ambulance staff and the families of these groups.)
- 2 The scheme will be extended to cover those born in the years 1933-42, thus raising the upper age limit from 15 to 25.
- 3 A wider range of hospital staff will become eligible, namely all staff who come in contact with patients, and medical students and the families of these groups.

A start will then be made on third injections, which will be offered to those who have already had two, and as soon as possible to those vaccinated in 1956.



New Portable Life-Saver

NEARLY 6,000 people die in Britain every year from gas poisoning, drowning, electrocution or overdose of drugs. Many of these accidents occur in factories, mines, chemical works, oil refineries, dockyards and power stations. A new portable, mechanical resuscitator, now being marketed by the medical division of British Oxygen Gases Limited, aims at playing an important part in preventing many such deaths in the future.

An effective resuscitator must have a double action. It must ventilate the lungs in a regular and efficient way so that sufficient oxygen is carried to the blood and the waste gases removed. It must support the failing circulation by assisting the return of blood to the heart.

Elaborate double action installations are to be found in the more important hospitals, but these great electrical machines are of little value to the electrocuted engineer lying on the factory floor or to the miner overcome by firedamp one mile from the surface.

Until recently, the portable resuscitating machines available were only single action. Their weaknesses have been the target of research for the past few years, and an effective portable machine has now been developed after lengthy experiments.

The machine known as the Stephenson "Minuteman" weighs only 28 lbs. and can be carried quickly to the scene of an accident. It is robust, simple in operation, and requires less skill and energy than other modern methods of resuscitation.

It can be used in confined spaces such as pit shafts, ambulances, or under

debris. It can also be used for patients with fractured ribs. This is of particular value since manual resuscitation is dangerous in cases of this nature.

The heart of the machine, which is little bigger than a small travelling case, is a valve attached to the breathing mask which is held in the hand. The power which operates it comes from the pressure in the oxygen cylinder packed in the case.

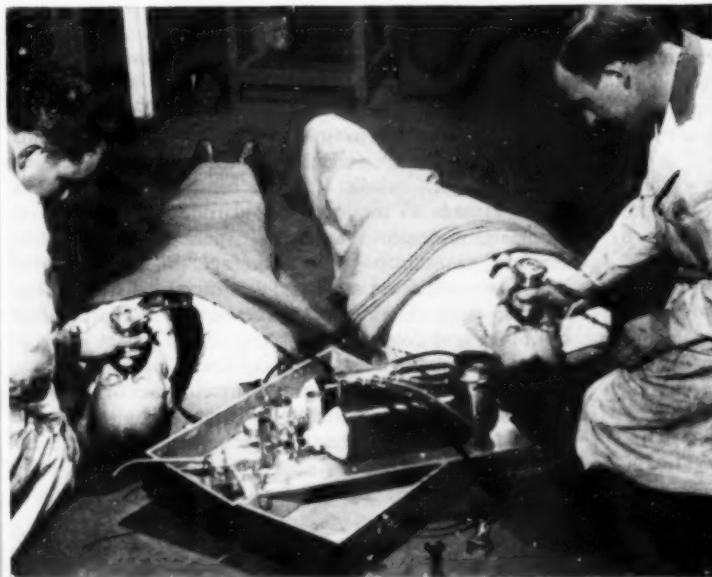
Its double action is automatically controlled by the patient's lung capacity. When a certain pressure has been reached, lung inflation stops automatically and suction then draws the used gases from the lungs. This action of sucking air from the lungs draws blood into them from the rest of the body, and so assists in the return of blood to the heart.

A suction catheter attached to the machine can be used to clear obstructing mucus and froth. If necessary, the machine can be made to act as an inhaler, delivering oxygen-enriched air to a conscious patient who is in need of this additional support.

An instructional film (16 m.m., sound, colour, running time—20 minutes) demonstrating the resuscitator is available on free loan from British Oxygen Gases Ltd., Medical Division, Great West Road, Brentford, Middlesex.

The new Minuteman portable resuscitator can be used in hospitals, first-aid rooms, and carried to the scene of any accident. Extension leads allow the case to be used at a distance from the carrying case.

Two patients can be treated at once by the resuscitator, with two midget face masks working from the same source. Simple adjustments meet the special pressure requirements of ribs injury.



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Lancashire was the first county to train students on their own districts.

The author, who has been concerned with the scheme since its inception, reviews seven years of achievement

Lancashire's Training Experiment

by LUCY JONES, S.R.N., S.C.M., R.F.N., Q.N. and H.V. certs.

Superintendent of District Nursing, Lancashire County Council

SEVEN years ago the Queen's Institute of District Nursing agreed to an experimental scheme of training for the Queen's Roll which was put up by the Lancashire County Council. This was devised to meet the needs of district nurses already working in the county who desired to take the training but could not, for family reasons, become resident or travel regularly to a training home. Under this scheme the students received practical training on their own district and attended the nearest lecture centre either in Manchester or Liverpool for the theoretical training.

The scheme was a success. Of thirty-four nurses who took the course, all passed the practical and only one failed the written examination. These nurses' work has remained of a good standard, after a period of time, and they showed more than usual interest in any new ideas, both technical and social.

As a result of a growing demand from other nurses on the staff and also from medical officers a new scheme to cover existing staff and new appointments, was then approved. This has been in operation for two years and we can now assess results.

Population Problems

Lancashire is a large, unwieldy county where the population of 2,110,000 is distributed very unevenly, and contains all types of people: farmers, cotton and other factory workers, and miners. It is divided into seventeen health divisions each with its own committee, which is in fact a sub-committee of the Central Health Committee, and with its own divisional medical officer and administrative staff.

There are a few district nurse/midwife/health visitors in the north, about sixty district nurse/midwives in the other rural areas, and general district nurses in the more urban and industrial areas. Some sixty state enrolled assistant nurses cover the chronic nursing in certain selected areas where there is an older population than average, particularly the coast towns to which many elderly people retire. The total district nursing establishment is one superintendent, eight assistant superintendents (each responsible for district nurses in one or more divisions) and four hundred and twenty nurses.

For the theoretical part of the training the Health Committee has rented three rooms in Sunday school premises; one being a kitchen, one a class-room and one a demonstration room. These were decorated in light colours. Extra power plugs for film projectors and

heaters, and a gas geyser for the kitchen were installed. Desks and blackboard were provided for the class-room. The demonstration room has a bed, bedding and furniture and other teaching equipment. The kitchen has the usual equipment of the average household. It is thus possible to give realistic demonstrations in the nursing school. All necessary nursing demonstration equipment was provided together with a nucleus of library books.

Each student before commencing the course applies to the County Library for all the books she is likely to require, and up to nine books are lent to her for the duration of the course. This has the advantage of enabling her to do regular home study when away from the school.

The candidates do all their practical work on the area in which they are appointed permanently, unless there is an insufficient variety of work as in the rural areas of the Lake District. In this case, or if the nurse is on the headquarters relief staff, arrangements are made with another health division to provide a suitable district where she will reside for the duration of her training.

The candidates receive the Whitley scale training allowance, together with travelling allowances and uniform. Arrangements can be made at the request of the nurse to suspend County car loan repayments and to reduce her rent temporarily if in County accommodation. Her rent, however, has to be repaid in instalments when she returns to full salary.

The full Queen's syllabus is covered. The study day method is used, allowing three days a fortnight—usually two days one week and one day the following week. A good team of specialist lecturers has been built up. The Tutor attends all the lectures and follows these up with tutorials, discussions and test papers. The discussion method is used to great advantage, and because the students come from such widely different districts, they have much to offer. They are encouraged to express their opinions, and do so.

Because of the long distances travelled by students, the study days are arranged from 10 a.m. to 4.0 p.m. The day is used to the fullest advantage, but very little time is allowed for the writing up of lectures or for private study; therefore students are expected to do some study at home. They are asked to undertake definite reading each month.

The student always works as a member of a group of nurses, who relieve her for study days and days off. If

the student is a new recruit to district nursing, she spends several days with an experienced Queen's Nurse in the first two weeks. If she has been working in Lancashire for a period before training, the Area Superintendent visits her as soon as possible after the first two days in school.

After this initial period, the Superintendent pays regular visits—about once every week—throughout the training period.

All the Area Superintendents meet the Tutor regularly once a week. They discuss the students' difficulties and agree among themselves on the basic standard of techniques to be taught. The Tutor is able to use the reports of the Area Superintendents as a basis for many of the tutorials, and so correct errors without having to point out the faults of one particular nurse. The Area Superintendents also take it in turn to accompany the students on the visits of observation. The theoretical training is related to the practical training in a realistic way.

All Types of Domiciliary Care

Wherever possible lectures and visits of observation have been combined and this has proved most helpful as the student can see the practical application at the same time. Every type of domiciliary care is provided by the County Council services and a considerable number of qualified medical and other technical officers are available to lecture on their own subjects. There are numerous teaching and other hospitals available together with special clinics and departments who are most willing to co-operate.

There are so many places of interest, such as geriatric units, special schools, hostels, clinics and factories in the county, that arrangements are made to vary the places visited by each course. This raises a wider interest by the other members of the domiciliary services, and none of them is over-burdened by receiving too many visitors.

As the school is near to the county offices, the students are shown by the administrative staff how such things as convalescent schemes or records are dealt with. In this way forms cease to be a printed page to be filled in somehow, but become identified with the persons dealing with them and seem much more alive and interesting.

The general practitioners appear very interested and some of them make arrangements to meet the students on their areas to discuss the lectures and visits. It is quite usual for a student to find herself repeating what she has learned to a group of her colleagues, some of whom did Queen's training many years ago. In this way the scheme helps, not only with training the state registered nurses, but also in stimulating interest and improving the work of those already trained.

The County and Divisional Committees require an undertaking from each non-Queen's nurse appointed that she will take district training as and when it can be arranged, and we have formed a waiting list, although nurses frequently try to "jump the queue".

At a recent meeting with Miss A. Black, the Queen's Institute Education Officer, a group of nurses who qualified in May, 1958, made some very interesting comments. All of them were very willing to voice their individual opinions and to discuss the contents of the course.

The following were some of their remarks:

"I can now answer patients' questions at once without having to go and find out the correct person or procedure first."

"In hospital one sends down to the kitchen for diabetic diet or any other special diet. Now I am able to advise the family on buying, storage, and costs, and preparation of special diets, without needing to look it up."

"I had done quite a lot of district nursing before and was familiar with techniques, but I didn't know how much more I could do for my patients by knowing all the facilities available."

"I find my work much easier and quicker; I am not so tired at the end of the day and so feel that my patients get the benefit of this as well."

"I feel so much more confident now that I know of the social benefits available, and where to obtain them for my patients."

Asked for suggestions on changes in content or arrangement of the course, all said that nothing should be omitted, nor were any possible additions to the syllabus put forward. They agreed that they would not like to try to take the course in a shorter period; but several said that they thought a modified block system rather than the study day might be an advantage so that the time spent on practical work would be less interrupted. As a result of this discussion, the question of a modified block system is being considered. Much depends upon the travelling facilities in the winter months and on internal administrative arrangements.

Good Results

Our results have been good, showing that this type of scheme can meet a very pressing need of many local authorities who have to employ older married nurses with home commitments, providing there is a sufficient variety of nursing work in a training area and that a sufficient number of suitably qualified supervisory staff are available at all times. Suitable premises, good lecturers and clinic facilities must also be available. There can be no doubt that it meets our needs in Lancashire more than training from a Home in a borough. It has the advantage of bringing together nurses who work in a wide variety of areas so that they learn a good deal from one another about differing needs in the management of widely diverse types of district.



Nursing Mirror photographs

A reassuring pat from Miss Dickinson, the superintendent, for her two Labradors, Rhoda and Amber, on guard at the entrance to the new administrative block.



(above) Nurse picking up her bag after reporting for duty. The bags of nurses off-duty or on holiday are locked up in cupboards below.

The Minister of Health opens The First Post-war Centre at Croydon

THE first administrative centre built for district nurses since the war was opened by the Minister of Health, the Rt. Hon. Derek Walker-Smith, T.D., Q.C., M.P., at Croydon on 15th September.

The ceremony was attended by the Mayor and Mayoress of Croydon, Vice-Admiral Hughes Hallett, M.P., many officials and Councillors of the Croydon Corporation, Miss Gray, the General Superintendent, Miss Dolton, the Visitor to the Southern Area, and Miss Anslow, the General Secretary of the Queen's Institute of District Nursing. The Rt. Rev. The Lord Bishop of Croydon blessed the buildings and the work of the District Nurses.

The original Croydon Nursing Service was inaugurated in June, 1921, and built up on a voluntary subscribing basis. It began with a pioneer nurse who was financed by a member of the executive committee. By November, 1921, the staff had grown to three nurses, who in their first six months paid 2,172 visits.

During the next 25 years the visits increased by an average of 1850 each year and the staff was increased to 22 by 1947. In 1941 a Nurses' Home was provided and in 1950, when the staff numbered 35, a small district room was built.

In July 1948 when the National Health Act came into

operation and Local Authorities became responsible for home nursing for all citizens, the Nursing Service was entrusted with the carrying out of the home nursing in the Borough of Croydon, acting as agents for the Corporation, under the supervision of the Medical Officer of Health.

The Association became a key training home for Queen's Nurses in November, 1952 and, from that time, the need for more extensive accommodation and facilities was increasingly apparent for the efficient running of the service. The staff now numbered 42.

The growth of the service continued rapidly and in 1956-7 the 46 nurses on the staff were responsible for 152,826 visits compared with 52,314 paid by 22 nurses in 1947-8.

The new Nurses' Home was previously a Day Nursery owned by the Corporation and this has been adapted for the use of ten resident staff. The Administrative Block, which is the first purpose-built accommodation for District Nurses to be provided since the War, consists of Offices, heated Drying Room, Television Room, Cloakroom accommodation for the non-resident staff, District and Sterilising Rooms and is connected with the Nurses' Home by a covered way. The Resident Staff each have a metal clothes locker for their uniform and nursing bags.

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(above) The district room, where nurses make up their bags before starting their rounds, is bright and airy. An unusual feature is the formica-topped shelf with a series of partitions giving each nurse an individual working space.

THREE REASONS FOR NURSING IN THE HOME

1. It is financially desirable to use the G.P. and home nursing services rather than the hospital services.

2. It is socially desirable, since many patients prefer to be nursed at home, and the dangers of emotional upset and family disturbance are thereby greatly reduced.

3. Nursing the sick in the community can have great educational value by teaching families the principles of health and hygiene; by informing them of the facilities provided by the national health service; and by educating them to use these facilities with foresight and intelligence.

*Mr. Derek Walker-Smith, Q.C., M.P.,
Minister of Health*



(above) There is a comfortable lounge where resident and non-resident staff gather together while waiting to make their weekly reports to the superintendent. It is also used as a sitting-room in off-duty time by the resident staff, who write, watch T.V. and generally relax here.

The Future of the School Health Service

by **MARY RAMSDEN DICKINSON**, S.R.N., S.C.M., A.R.S.H.

District Nurse/Midwife/Health Visitor/School Nurse, N. Riding of Yorkshire

I AM deeply conscious of the fact that it is one thing to pass an Act of Parliament, and quite another thing to get effective work done under it. It depends upon the enthusiasm of all sections of the community that it does not become a dead letter, but does provide opportunity and incentive to all who work in what is perhaps the noblest of all causes, looking after our children."

These words were spoken by the Lord Chancellor in 1948 when the Children's Act was passed. They apply equally to those Acts which govern our school health service, the National Health Service Act, and the Education Act of 1944. The scope of the Acts is great, but they need the enterprise and enthusiasm of the individual if their possibilities are to be realised.

In a few years we shall be celebrating the centenary of one of the most important dates in the whole of our social history: 1870, the year in which compulsory education became law in this country. As always it soon became apparent that legislation was one thing, the practical application of legislation quite another.

The children were vividly described by Booth at the beginning of the century as "puny, pale-faced, scantily clothed and badly shod, these small and feeble folk may be found sitting at the school benches in all the poorer parts of London. They swell the bills of mortality, or survive to become needy and enfeebled adults whose burden the next generation will have to bear". The country might decide that all children must be taught; the next thing was to make them able to be taught.

Fifty Years' Old Truths

In 1904 after the Boer war, in which half the recruits were rejected as unfit for service a Committee on Physical Deterioration recommended a general system of inspection and supervision, with power to provide medical treatment and school meals. They concluded their report by saying "There is need of a much more complete system of medical inspection in schools than has yet been attempted." That was more than fifty years ago, and many of us would maintain that these words remain true today.

The school health service was thus the first health service to be established, but it has not grown and flourished as many of the services have, partly because it has remained to some extent static. There is continual experimentation in the field of education; it is a live and growing entity.

We need this spirit of adventure equally in health education. In some places at least, we have the necessary framework. We have spent millions of pounds on schools which speak for themselves, schools which illustrate the principles of healthy living, with their wide windows and playgrounds and flowers, their spaciousness and their use of colour and beautiful things.

In contrast there are still very many schools especially in the country, of which the reverse is true, where conditions militate against our efforts. Many of our difficulties are the same as those encountered in the early days. We still lack the facilities and staff required for the full development of our work. Accommodation is often so limited that the school medical must be carried out in an improvised classroom, or in the teachers' recreation room, which is very hard on the teachers.

These difficulties apart, the question arises why we have become stuck and bogged down. The answer may be that we are not yet fully accepted in this field, and we must have the grace to own that we are partly responsible for this. As comparative newcomers, as people who know the children, but less intimately than the teachers, we should not only appreciate and honour their work, but make it plain to them that we do so.

Teachers do recognise the importance of our work, even though we may sometimes be tempted to think otherwise. In 1938 the National Union of Teachers themselves asked for better inspection rooms and equipment, recognising that it was impossible to teach healthy living in some of the older schools.

All our future developments are dependent upon improving and strengthening this goodwill and co-operation with the teachers. Our ties and loyalties, bound together by a common interest, should be as strong and effective as those felt by the staff of a well-run hospital ward. The lack of this may be due to something quite trivial, but it is something that every health visitor must endeavour to put right in the schools which are under her care.

This would be easier if we aimed at a new type of health service which should be much less rigid and much more informal. The doctor and health visitor should belong to the school staff in the true sense. They must work in more than one school, but they should have a place on each timetable for lectures and discussions. They should belong to the parent-teachers' association for each school in their care, and should join in whenever possible with school activities, and lose no opportunity

of demonstrating their interest in every aspect of school life.

In all these ways they would get to know the children, the teachers and the parents, and be able to pick up information about all aspects of the child's welfare; the whole child, mind, body and spirit, remembering that positive health depends equally on these three. Most important of all, they would gain a clear picture of the child's mental health, a thing difficult to do in a ten-minute routine medical.

During their ordinary duties the nurse or doctor may suspect some maladjustment, but it is quite likely that they will get no further. Discussion with the teachers concerned may help, but it would be far more helpful if they were able to take part in the common-room gossip that goes on in every school. Teachers talk shop the world over, and it is fascinating shop.

School medicals should of course, continue. If the number of health staff allows it, they could take place at less frequent intervals than the present statutory requirements, but this would be less important if the medical staff had a more established place in the school life giving them a greater scope.

The children should be encouraged to come themselves with their problems as they would to a sympathetic matron in a boarding school.

The time we spend in school should not always be associated with hunting for record cards, and sending forms for parents. The school medical is a big extra burden in a school which is perhaps short-staffed and working to capacity, and in a less formal system we could do far more to help the school staff.

The First Educator

Just as important as our relationships with teachers is our relationship with parents. No health programme can be properly carried out without this co-operation. It entails the regular visiting to the children's homes which we recognise to be the most important part of our work. School is only the second great educator; home is the first, and more important. Our aim is to bring them together.

There is often no accommodation for waiting parents in the schools, and not nearly enough effort is made to help and encourage them to come. We should try to pay a personal call explaining the importance of the mother's presence, and inviting her to come in such a way that she feels she will be made welcome.

Every health visitor knows that the parents we most want to see are the most difficult to get, but it is with these that we must work specially hard, trying to discover and overcome the obstacles which prevent them from coming. It may be something quite trivial that we can easily put right.

Many parents, especially poorer parents of grammar school children appear apathetic towards their children's school life, and education for the whole child is greatly hampered by this gulf between home and school. Some children are two distinct people, the child at home and

the child at school, and such a division is a potential enemy to the child's peace of mind, and thus to his mental health. We shall never get very far while home pulls one way and school another, and in order to remedy this we must win the parents' interest.

Parent-teachers' associations, are one answer to the problem. In some places they are lively organisations, but they are few and far between, and too many are attended by a small minority of parents. We must try to form more of these associations and develop the existing ones. They form a splendid common ground for teachers, health staff and parents to discuss the things that matter to the children. Meetings can give an enterprising health visitor wide scope for health teaching.

Sex Teaching

It is also good common ground for the discussion of a plan of campaign to deal with the vexed question of sex instruction. Ideally all children should be taught young in their own homes, but all parents differ in their outlook, and there are still very many who are shy of discussing these things with their own children.

These parents need active help, and all parents have a right to know what sex teaching is being given to their children, how it is being given, and by whom. Lectures may be given by the teaching staff, doctor or health visitor, but this aspect of teaching should not be overlooked at any stage of the child's development.

It is a very important duty on us all to make quite sure that children, and particularly adolescents, are being given a sane and balanced background which will help them to understand themselves and their relationships, and prevent them from forming distorted or morbid ideas. There are no statistics to prove how many people's lives have been hampered or even ruined by lack of sex instruction of the right kind; if there were, no doubt more vigorous steps would be taken to supply it. It requires little imagination to think of examples.

Hints dropped at home, and an odd lecture at school are quite inadequate. It needs a definite plan that will help and enlighten children at each stage of their growth. The more intelligent the child, the greater the care and tact that is required. The task should not be undertaken by well-meaning enthusiasts, but only those who are adequately qualified, mature, and happy people, with a sensitive insight into the minds of children and adolescents.

The third weak link in our school health service is the lack of co-operation with the general practitioner and hospital services. There is no organised contact with the family doctor, and the work overlaps with his, causing friction. Moreover the school doctor has little direct contact with the paediatric and hospital services. These two factors make his work more difficult. A much closer union is needed between the preventive and curative services.

This then is another gap which we must try to fill by our tact and enthusiasm, and the formation of good relationships with the general practitioners and hospitals

in our areas. We should feel able to go freely to either in order to discuss a child that we may be concerned about. After all, we are all doctors and nurses in the first place, with the same training and background, and the provisions of the National Health Service Act should not be allowed to divide us.

Given a closer liaison with those with whom we work and on whom we depend, and greater freedom and scope for each health team to carry out its own health programme, what are the lines on which we hope to develop our health service? Neither medical nor teaching staff would hesitate over the answer.

The giants must be fought as they appear. Fifty years ago they were poor nutrition and bad hygiene. Today we have an even bigger giant at the top of the beanstalk. The greatest problems of our time are not physical but mental. The field for founding sound mental health in our schools is a new, exciting and almost unlimited one. The battle should be fought side by side with the teachers, who, by the very nature of their work, were among the first members of the community to realise it.

If we can prove our work in this field we shall be more widely accepted. It is only we who see the children—at home and at school. It is our responsibility to notice the signs of any maladjustment and to take steps about it. More child guidance clinics and centres are needed, more psychiatrists and social workers. We as health visitors feel that we could fill a useful place in such a team, and the training should be directed more and more to give us the right grounding to do this sort of work.

If we attended child care conferences regularly we should be learning all the time, and our work would be far more interesting. Is it any wonder that health visitors get stale if their main conception of their duties is of looking for nits in children's hair?

We have been taught the signs of mental ill-health. Prompt and careful handling by people who normally deal with the children can often avert trouble, but we must be constantly aware of the dangers. It is at the next generation's peril that we neglect this, and only by being alive to it can we reasonably hope to reduce the incidence of juvenile delinquency, divorce, illegitimacy, broken and problem families, nervous breakdowns, and all the ills of our age too numerous to mention. All these problems spring from the same root which must be attacked before it starts the sad distortion of normal growth to full adult stature which leads to tragedy.

Mental health cannot be dissociated from physical health, and it is foolish to allow our enthusiasm for the one to blind us to the other. Only two of the common defects mentioned in the 1907 Act have been practically stamped out; namely, rickets and malnutrition.

We still have a high rate of defective vision, defective hearing, discharging ears and infected tonsils, and the dental condition of school entrants is appalling. This last is a most important point. All schools should have access to a school dental clinic, but the work is hopelessly

hampered by the lack of dentists. Dentistry is a profession which should be encouraged among suitable school leavers. Dental defects also remind us that there is still a lot of work to be done in teaching mothers the principles of sound diet.

On the whole, school meals are well-planned from the dietetic point of view, but so many are prepared in a central kitchen, and this method is bound to reduce the vitamin content. Most schools, but not all, give generous helpings. I have also been to several school dinners where both courses were of the sloppy variety. Could not more school meals be planned by trained dietitians? Finally, a great deal of free milk is wasted in many schools, and this should never be allowed to happen.

In all aspects of school health work we need to look well ahead; we must instil our school-leavers with enthusiasm for the service, so that the work in the next generation is not hampered by lack of staff. We can also point out to our school-leavers the importance of taking an interest in their own children's school life.

For the present we should do all in our power to encourage more first class doctors, dentists and nurses to enter the field, where rewards, if not as obvious as those attending the curative services, are in the long run, greater.

Deafness should be recognised much earlier than school age, but there is still scope for specially trained health visitors to deal with minor degrees of deafness in school children that may have been missed earlier. Some Authorities already employ these specialised health visitors for orthodontic and orthopaedic work.

Opportunity of Minor Ailments

Our minor ailment clinics should be much more than what the label implies: they provide a splendid opportunity for health teaching in its widest sense. Nor should we forget the value of mothercraft and housecraft classes for the older girls. Many of these duties are in some ways easier for a nurse in the country: she has a smaller and more closely knit community, and if she is doing generalised duties she will probably know the children and their families well.

Even after fifty years there is still a great deal to be done with children from the poorer homes in matters of every day hygiene. The percentage of head infestation throughout the country is still a disgrace to us, and a very intractable problem. Most of them come from the hard core of shiftless, careless and problem families still to be found in every town, and to a lesser extent, in the country as well. There is no short cut to improving the situation. It can only be done by taking it very seriously, and using endless patience in visiting the homes and teaching the mothers.

We must try to avoid exposing the children to shame or ridicule, and for this reason hygiene inspections should be carried out with great care and privacy. No matter how often the child has offended, the blame is not his, but the parents'; and no matter how rough a diamond he may seem he is probably acutely sensitive about it. It

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is possible to be too strenuous in our dealings in this matter; nits are less important than a child's happiness.

A rather different and very important field of work lies in the special schools for handicapped children. Since 1954 the principle has been laid down that no handicapped pupil should be educated in a special school if he can possibly be educated among normal children. A child is only considered for a special school if life at a normal school aggravates his disability or impedes his educational progress, or, in very rare cases, if his presence is detrimental to the other children.

The wisdom of this is obvious, and is just as beneficial for the normal children as it is for the handicapped child, but there is still a great need for more special schools and classes in every category, and for more specially trained staff to come forward. The work that is being done by the devoted few is certainly an object lesson to us all.

Work with blind, deaf, spastic, and educationally sub-normal children requires endless patience, and the results may not be apparent for years. Their future should always be borne in mind, and when possible they should be given contact with the normal world, and enabled to live and work in it without fear or favour.

The chance of happiness in life for these children is better than it has ever been, but it could still be improved. The work offers a great challenge; it is a task for

specialists who believe in dedication. This applies to us as well as to teachers. There is endless opportunity here for specially trained and suitable health visitors.

The operative word in the title of this essay is "Service" It is our responsibility to see that the generations to come bear neither the burden of physical ill-health that Booth foresaw in the past, nor that of mental instability which we do today.

We must ensure that our children are healthy both in body and mind; that they live the fullest lives of which they are capable, and are not hampered by anything less than full physical health; and that they are not repressed, embittered nor disheartened by anything less than full mental health.

The mark of all great teachers in all ages has been their breadth of vision. May not we, as health teachers, share this vision, which teaches a child the everyday habits of cleanliness that make for an orderly life, the discipline that makes his body an instrument of precision, the modesty that is not prudish, but recognises sex as sacred; and which can also open doors for him into a wider world?

Let us go forward remembering that it is not legislation but individual effort that makes history. "It depends upon our enthusiasm that the school health service does not become a dead letter, but does provide opportunity and incentive in what is perhaps the noblest of all causes, looking after our children."

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NURSING BOOKSHELF

Basic Nursing Education. Principles and Practices of Nursing Education. Prepared by The Florence Nightingale International Foundation (1954-1957) and published by The International Council of Nurses (1958).

PART I of the study included an investigation into the abilities nurses need in order to carry out their responsibilities; and Part II, an investigation into the principles and practices of education applicable to the education of nurses.

Though somewhat daunted by such a vast amount of material, I was impressed with the amount of work and research entailed. Congratulations are due to all who took part in the compilation of the Report. In my opinion it is a Report for conference or discussion group—to be talked about and discussed rather than written about. I do not think it could be adequately covered in a brief review such as this, and will therefore pick out the main points that attracted my attention.

Chapter II. The Influence of Cultural, Social and Economic Factors on Nursing.

In this country nursing is an established profession. (It is interesting to recall that district nursing began in 1859, the Nightingale School of Nursing was established in 1860, and the Manchester and Salford Ladies' Sanitary Reform Association was organised in 1862.) Today we are concerned with changes within the profession. But this is not universally so. In some countries organised nursing is a fairly recent development. The growth and development of nursing is influenced by such factors as the status and role of women, tradition, education and economic factors. It is well to be reminded of this. Modern transport and communications have opened up the world to us—but we must keep an awareness of the factors operating in other countries before we make comparisons. When we think of our own tradition of nursing, we should remember those who worked to make it and hand it on to us. 'Effective leadership is necessary for the progress of the nursing profession.'

Chapter III. The Influence of Changes in Medical and Public Health Practices in Nursing.

"In the following pages an attempt is made to sum up some significant changes

in practice over a span not longer than fifty years but with the main emphasis on the last twenty-five years, and to suggest what results have occurred in the work of nurses". This made salutary reading. My professional career approximates to the last figure—twenty-five years. As I read this I wondered if some of us tend to forget the changes that have taken place. I think we do. We compare the nurse and nursing of yesterday with that of today—not always favourably to the latter—and because of this—I commend this chapter. One statement however puzzled me. When referring to the nurse and the patient today "... she should not only support the patients physically, but also attempt to understand their mental, emotional and spiritual needs. This enlargement of the concept of the patient, together with the increased demands of technical nursing, may form *one of the causes of unrest* in nursing today, and likewise one of its challenges." A challenge—yes—but why unrest? Is it inability or unwillingness to apprehend these needs?

Chapters IV and V. Basic Nursing Education Today.

"Professional education is concerned with attitudes as well as with knowledge and skills". Yes, how important. Acquisition of knowledge and skill in techniques is not enough. And all who are concerned with the student—in any way—should remember that attitudes are best instilled and encouraged by *example*.

I was pleased to note that attention is drawn to the need for the promotion of skill in communication, in writing, and verbally. As one concerned with post graduate study, I find that many students have very little skill in expressing their ideas or making reports—either on paper or by the spoken word. But I did wonder about the practicability of one suggestion that was made. "A course in composition, speed and recitation... while reading of selected literature to cultivate clear thinking, clarity and accuracy of expression could be part of the course."

General or nursing education?

Chapter VI. Some Reflections on the Content of the Report and Some Suggestions for its Use.

I have picked out this phrase: "(Nurses) are urged in spite of routine

pressure of work to preserve in themselves and their students, a vitality of mind and that freshness of outlook which constantly strains towards new possibilities."

Enthusiasm, I think, is one of the most desirable assets in the student nurse and the qualified nurse. To be able to carry on in one's chosen field or go out to meet new experiences. I am sure that reading this Report will help to kindle that enthusiasm. Some of it may seem rather idealistic and beyond achievement, but then, our aims should be high.

H.H.C.

Pharmacology for Nurses by J. R. Trounce, M.D., M.R.C.P. (J. & A. Churchill, 15s.).

This book is a welcome and up-to-date addition to the all-too-few books on pharmacology for nurses. Its concise clarity makes it immensely readable, and ensures a sane approach to what is becoming a bewildering subject when so many drugs with complicated names are being produced almost daily. There is no doubt that its author has succeeded in his dual purpose of writing a textbook for students of nursing and a handy reference for all nurses.

The dose of every drug given in the imperial system, has its equivalent in the metric system. Scraps of history are interspersed with much sound physiology, and a somewhat briefer account of the pharmacology of drugs. However, no book written can hope to satisfy all its readers, and the inclusion of more material would add only to the cost.

The reader who devotes time to the study of the chapter on the autonomic nervous system will be amply rewarded. That on the anaesthetic drugs, contributed by Dr. J. M. Hall, gives much valuable advice for the nurse, in addition to the pharmacology of anaesthetics.

A review would not be honest without a small criticism on the chapter on water and electrolyte balance. An explanation of the milli equivalent, and some further clarification of the text for Fig. 10 are essential if the student reader is not to be confused. In passing, note should also be made of a small printing error Odema/Edema—trivial, yes, but unfortunate, because so many otherwise intelligent students often pronounce this word as it is first spelt, on page 154.

V.E.W.

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Fifteen Hundred Aylesbury 'Ducklings'

WORKING in the same job for year after year might sound like getting into a rut, but talking to women who have done just this I was told that if you are enjoying the job you are doing the years go by so quickly that you hardly notice them.

Certainly the years have touched these women very lightly for they all look more youthful than their years. The secret of their youthfulness seems to be in leading an active life and getting fun out of what they are doing.

Take Miss V. M. Chesney, a woman with a true sense of vocation.

In nearly 30 years as a midwife, Miss Chesney of the Queen's district nursing corps, has delivered 1,500 Aylesbury babies. In some cases some of the babies she brought into the world when she first came here in 1931 have grown up, married and had their own babies and Miss Chesney has been called in at the births.

When I spoke to Miss Chesney this week, she recalled how she came to Aylesbury 27 years ago, two years after qualifying as a midwife. "My friend and I saw the posts advertised in the *Nursing Mirror*. Neither of us had heard of Aylesbury but it sounded as if it might be a pleasant country town. And there was a cottage with the job. We imagined a picturesque cottage with roses round the door."

With her friend, Miss Ida Chelsea, who now does part-time work at Stoke Mandeville Hospital, Miss Chesney arrived by train at the town station. "If we were disillusioned then we were even more put out when we saw the cottage in Walton-street."

But they decided to come and Miss Chesney who now lives at 119 Walton Road is still doing the same job.

"There were only the two of us when we started, now there are four district nurses," Miss Chesney told me. "When we first came here there was no ante-natal work at all. People just came to us and said 'I am expecting a baby, will you attend the birth'. We had quite a time getting them to our ante-natal clinic."

And in those days the district nurses went about by bicycle—now they have cars.

As an instance of the gratitude which people showed for the care and help of

the district nurse, Miss Chesney told me the story of a baby born at home which weighed only 3½ lbs. "I never had to have the baby girl moved to hospital and she thrived at home. A couple of years ago I was invited to her wedding and now she has a baby of her own."

Besides bringing babies into the world Miss Chesney also visits old people in their homes. "They look forward to our visits very much," said Miss Chesney, whose warm, friendly manner has endeared her to all.

After she had completed 21 years' service, Miss Chesney got a long-service medal. And to her delight she was invited to have tea with the Queen Mother at St. James's Palace.



Photo by The Bucks. Advertiser

MISS A. EVANS RETIRES

MORE than fifty Queen's nurses gathered at the Willesden Training Home on Tuesday, to wish the superintendent, Miss Evans, a long and happy retirement. Thirty-two years of wonderful work for the people of Willesden and as the nurses—past and present—assembled and talked to her, those years came back vividly to their minds.

Miss Evans, looking well and happy, was delighted to meet so many members of her staff now working in other areas. All were glad to be back in the surroundings where

they had learned the art of district nursing and had gained so much from her unsparing example.

The party was held in the sitting room of the Home and from the start was a happy occasion when presentations of bouquets of flowers were made from the tradespeople of the neighbourhood. Miss Agnes Mary MacMahon spoke of the local feeling of esteem in which Miss Evans was held.

Dr. Perkins, Medical Officer of Health of Middlesex presided and on behalf of the County and some members of the present nursing staff, presented Miss Evans with a cheque. Representatives of both the medical and clerical staff of the County attended in recognition of the service given by Miss Evans to Middlesex since 1948.

The presentation of a wireless and cheque from the nurses both past and present, was made by Miss N. Dixon, Deputy General Superintendent of the Queen's Institute. In a feeling and humorous address she spoke of the days when she was one of the handful of Queen's Nurses at Willesden, headed by Miss Evans, who served this very large area under difficult conditions before the Home became the well appointed and furnished place it is today.

This Home had since become largely what it now is through the generosity of Mrs. Acworth, Chairman of the voluntary committee and by Miss Evans' foresight and knowledge of the work. Miss Tait, Hon. Secretary and Mrs. McFarlane attended as representatives of the Willesden District Nursing Association.

A.M.E.



The Association of Queen's Nurses

Annual Dinner

MEMBERS are reminded that the last date for making application for tickets is 1st November, 1958. Full details including a list of hotels, were given in our August and September issues.

Central Executive

The next meeting of the central executive committee will be held at 2.30 p.m. on Saturday, 15th November 1958, at the Carlton Hotel, East Cliff, Bournemouth.

E. Fairless, Hon. Secretary, 46 Wembley Road, Mossley Hill, Liverpool 18.

BURY AND ROCHDALE

THE initial meeting of this branch was held on 1st July, 1958, at Bury Town Hall, when 35 nurses were present.

The honorary officers were elected and 22 new members joined the association. It was decided to alternate meetings between Bury and Rochdale, as many members live adjoining the far suburbs of the two towns.

The next meeting was held at the Rochdale training home and was well attended by 38 members. We had the added pleasure of the company of Miss Fairless, the honorary secretary of the association.

At this meeting a whist drive and beetle drive were arranged, the prizes being given by the members of the branch; the proceeds will enable two delegates to attend the central executive committee meeting in Bournemouth in November.

The present membership of the branch is 56. E. M. Fitzmaurice

INSTITUTE CHRISTMAS CARDS 1958

Christmas cards will be available this year as follows:

1. Containing a portrait of the President, H.R.H. The Princess Alice, Countess of Athlone, with the badge of the Institute embossed in blue and gold on the cover. Size 6" x 4½": Price 1/3 each (or 12/- per dozen).

2. Single fold card with the badge of the Institute embossed in blue and gold on the cover. Size 4½" x 3½": Price 7d. each.

(These charges are inclusive of envelopes and postage).

Money should be sent with Orders

It would be helpful if Superintendents would order in bulk on behalf of their staff. Orders will be dealt with in strict rotation.

Send your order and money to: The General Secretary, Q.I.D.N., 57 Lower Belgrave Street, London, S.W.1.

Queen's Nurses

Personnel changes 1st to 31st August, 1958

APPOINTMENTS

Superintendents, etc.

Chambers, H., Kidderminster (Asst. Supt.). Leader, F. S., Essex (Supt. N.O.). Reay, D. A., Herts. (Div. N.O.).

Nurses

Adefolu, A., Paddington. Burlew, O. M. (Mrs.), Somerset. Dier, E. K. E., Lancs. Freeman, M. R. (Mrs.), Coventry. Jack, A. M. J., Middx. Area 5. Mason, C. V., Shropshire. McCarthy, M., Leics. McCatty, M. I., Paddington. Nunn, A. J. (Mrs.), Kent. Oakford, R., Devon. Overton, E. M. K., Middx. Area 3. Royle, P. I., Manchester. Slee, M., Lancs. Thomas, D. E. (Mrs.), Southampton. Thornton, B. C., Warcs.

RESIGNATIONS

Armitage, S. (Mr.), Leeds—Medical reasons. Beaumont, E. M., Herts.—Other work. Blackburn, A., W. Riding. Burke, M. U., Cheshire—Hospital post. Burrage, J., Worcester—Missionary work. Comfort, M. B., Glos.—Marriage. Cursons, P. M., Kent. Da Silva, A. L., Paddington—Family reasons. Da Silva, D., Barnsley—Other work. Denton, A. K., Leicester—To enter convent. Gaynor, B., St. Helens—Hospital post. Gosling, J. A. E. (Mrs.), Middx. Area 6—Other work. Hilderbrand, V. W., Herts.—Retirement. Holland, E., Birmingham—Post as nursery matron. Holloway, S. M., E. Sussex—Other work. Howle, M. A. (Mrs.), Devon—Marriage. Hughes, E. M., Coventry—Marriage. Hutchinson, I. C., Glos.—Marriage. James, E. R. K., Hants.—Other work. Jamieson, E., Lancs.—Retirement. Johansen, V., Worcs.—Ill health. Kryger, K. J., East London—Work in Korea. Lewis, D. M., Swansea—Retirement. Locker, A. N., Nottingham—Marriage. Lumley, E. L. N., Riding—Domestic reasons. McCarthy, E. M., Paddington—Family reasons. Mountain, C. M., Herts.—Retirement. O'Connor E., Warrington—H.V. course. Parfitt, M., Berks.—Personal reasons. Parry, M. L., Devon—Ill health. Pearce, E. (Mrs.), Kent—Personal reasons. Piddick, M. (Mrs.), Fulham—Domestic reasons. Plaiter, E., Cheshire—H.V. post. Powell, G. E., Middx.—Domestic reasons. Rose, L. M. (Mrs.) (Supt.), Birmingham—Retirement. Ross, H. (Mrs.), Dorset—Domestic reasons. Sayer, M. P. (Mrs.), Herts.—Domestic reasons. Severn, J. (Mrs.), Nottingham—Domestic reasons. Shaw, D. C. (Mr.), Metropolitan—Hospital post. Shields, D., Dorset—Retirement. Smith, V., Devon—Other work. Snowsell, D. M., Glos.—Marriage. Thackery, E., W. Riding—Domestic reasons. Thayer, D. R. E., Somerset—Marriage. Thomas, M. (Mrs.), Fulham—Domestic reasons. Waite, E. M., W. Sussex—To go abroad. Wakeley, J., Westminster and Chelsea—Marriage. Watson, D., Herts.—Retirement. Williams, D. M., Birmingham—Marriage. Wilson, M., Darlington—Domestic reasons. Wiseman, S. M., Devon—Marriage. Wood, E. M. (Mrs.), Devon—Domestic reasons. Wright, D. J., Herts.—Marriage.

REJOINERS

Cowlin, K. C., Bristol (2nd Asst. Supt.). Youngs, M. E., Worcester (Supt.). Bamber, N. (Mrs.), Hants. Beake, A. (Mrs.), Hants. Beckett, I. A. (Mrs.), Somerset. Best, K. M., Hackney. Deeming, J. D. (Mrs.), Worcs. Foreman, P., Cornwall. Fowell, E. D., Denbighs. Hoad, A. H. (Mr.), Brighton. Hogan, M. C. (Mrs.), St. Helens. Horn, J., Hemel Hempstead. Lewis, F. S., Fulham. Mauger, H. J., Somerset. Stephenson, M., Cumberland. Thomas, P. L. V., Watford. White, E. J., Belfast.

LEAVE OF ABSENCE

Collins, E.—Experience abroad. Emmott, F. B.—H.V. trg. and contract. Feyerabend, U.—H.V. trg. Gallagher, W. P.—Home reasons. Hicks, P. A.—H.V. trg. Jones, P. M.—H.V. trg. and contract. Neale, M. E.—H.V. trg. Needle, A. I.—H.V. trg. O'Grady, D.—Domestic reasons. Rose, D.—H.V. trg. Russell, H.—H.V. trg. Siddall, P. M. (Mrs.)—Domestic reasons. Stanley, P. A.—H.V. trg. Sweet, P. I.—Travel abroad. Turner, T. G.—H.V. trg. Woodrow, B.—H.V. trg.

SCOTTISH BRANCH

APPOINTMENTS

Superintendents, etc.

Broadfoot, C. F., Glasgow (Bath Street). (District Nurse Tutor). Morrison, Maria (County Nursing Officer) Caithness.

Nurses

Bell, Marion P., Midlothian. Gunn, C., Thornhill, Perthshire. Mackay, M. M., Greenock. Scott, A. J., Tingwall. Short, O., Fenwick. Smith, J. M. C., Gaudry. Watson, E. C., Edinburgh. Watt, E. S., Bannockburn.

RESIGNATIONS

Cameron, Kathleen N. D. (Mrs. Tasker). Edinburgh—Through marriage. Doherty, Celia Maria, Glasgow (Strathbungo)—Marriage. Finlay, Margaret Mary, Glasgow (Strathbungo)—Other work. Grant, Agnes, Glasgow (Govan)—Marriage. Krommweh, Carla, Inverness—Other work. Kearney, Norah Josephine, Glasgow (Annie'sland)—Other work. MacKenzie, Sarah, Glasgow (Partick)—Marriage. MacLeod, Catherine I., Garyvard—Other work. MacLeod, Mrs. M. P. H., Overtown—Other work. McNiven, Jessie Lamont, Kilmaurs—Other work. Morrison, Mary, Cromar—Retired. Provan, Janet Bennie, Glasgow (Strathbungo)—Other work. Purkiss, Eileen Muriel, Kilsyth—Other work.

DEATH

Gemmell, Annie McNie, late of Uddingston.

REJOINER

Igoe, E. B., Edinburgh.

TRANSFER TO SCOTLAND

Samson, Robina, Colmonell/Pinwherry.

Versatility on the District

Recently 46 student nurses accompanied Bristol District Nursing Sisters on a morning's round. They were expected to find their own way to a given address. One caught the correct bus but, alas, went in the wrong direction. Nevertheless she reached her destination on time. The following is a report by a student nurse at Bristol Royal Infirmary.

HOW versatile is the district nurse? She can use cake tins instead of sterilizing drums; butter dishes for containing syringes; newspaper to receive soiled dressings and swabs; saucepans instead of sterilizers; lemonade bottles for sterile water. A mouth tray laid on a dinner plate consisted of egg cups for lotions; and a metal meat skewer instead of forceps. Every patient had a tray cloth of old linen wrapped in clean brown paper to cover the table. And cups—for tea, coffee, sterile water. Sterile instruments were indispensable.

On entering the homes we were very impressed by the cleanliness and neatness of the preparations for the work of the district sister. For example when an injection was necessary such as insulin, mersalyl or penidural, the equipment prepared was laid out on the table in a most professional manner regardless of the size or class of the home. Economy is always practised, but certain equipment is often necessary particularly for elderly patients who are confined to bed. The commode, for example, eventually emerged from its hiding place beneath a variety of coverings. A draw mackintosh and mop with which to clean it were supplied by the medical comforts scheme.

The visit of the district sister proved to be a very welcome one, particularly to patients unable to leave their homes. Topics of conversation were very varied and highly amusing. News about other neighbours, new recipes, and knitting patterns were exchanged. The budget was very much discussed, and films are even interesting when you can't visit the cinema, as the Toc H film unit will visit your home. Conversation is a most important service so the district sister must always be very cheerful.

We visited a lady in her eighties who lived alone in a three-storey house. For years sister has been giving her a vaginal douche—not because there is really anything very wrong, but because she likes someone to come in and have a chat, and keep an eye on her.

As well as the visit of the district sister the patients eagerly await the visit of the home help and friendly neighbours. In one case it had been arranged for someone to come in at night to keep the sleepless patient company whilst the family secured a good night's rest.

Very often the front door is left ajar all day so that casual visitors who usually know the patient may gain entrance—for example, the men who call to read the meter.

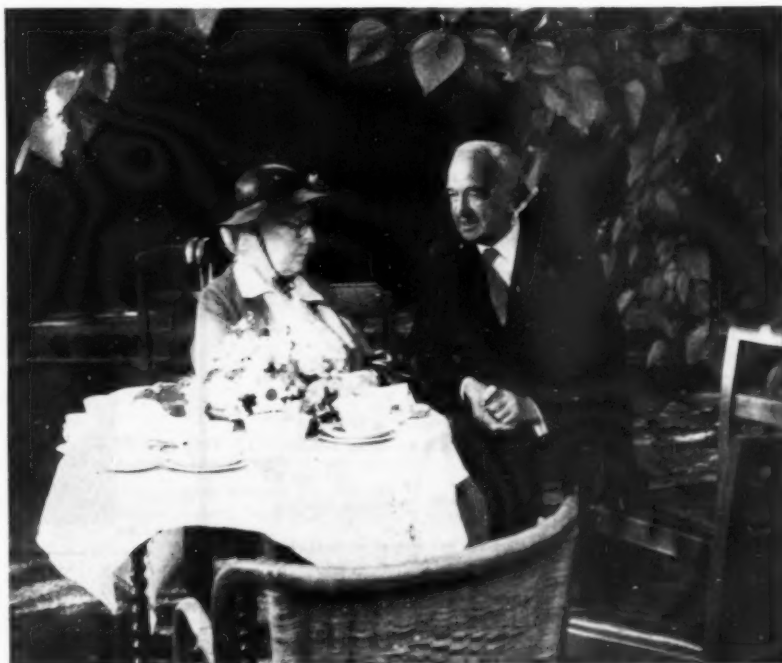
Emergency calls often have to be answered by the district sister too. At one home we were asked to call at their neighbour's house. We went along and found an old lady in bed complaining of terrible pain in her hip after a fall. She had apparently fractured her femur, so we immediately sent for a doctor.

Besides enjoying the actual round of patients we realised that for the first time in our lives, we, too, were catching the bus in the peak of rush hour to go to work. Many of us left school at the age of 17 or 18, and started in the nursing profession, so we have spent the last three or more years living in the Nurses' Home, far removed from everyday bustle outside.

From the questions asked by the patients and the expert manner in which the district sisters answered them, we have come to the conclusion that apart from specialised medical training, a working knowledge of the following subjects is required: films, current affairs, social science, theology, psychology, child welfare, education, marriage guidance, culinary methods, and, above all, a sense of humour.

S.L.P.

EAST LONDON ANNUAL GENERAL MEETING



A god-daughter of Florence Nightingale, Miss Ruth Verney (seen above with Sir Zachary Cope, Chairman of the Central Council for District Nursing in London), attended the 89th A.G.M. of the East London Nursing Society.

In his address, Sir Zachary said that Florence Nightingale believed in the treatment of patients in the home—the work that was now being carried out by district nurses. She believed, too, that the district nurse should be a health visitor and ask about sanitary conditions in the houses she visited.

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The excess acid which causes minor but disturbing di-
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Aware of the value of the drip-therapy method, the
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They realise that the efficacy of the drip-therapy treat-
ment is expressed at its best in tablet form.

Here is the secret

The wide success of Rennies with the general public is
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Few people, however, realise that the reason for this is
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Hughes Ltd., Manchester, 3

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CLASSIFIED ADVERTISEMENTS

Advertisements for this section can be received up to first post on the 2nd of the month for publication on the 10th. They should be sent direct to: District Nursing, 57 Lower Belgrave Street, London, S.W.1. Telephone Sloane 0355.

Rates: Personal, 2½d. per word (minimum 12 words, 2s. 6d.): all other sections, 3d. per word (minimum, 12 words 3s.)
Displayed Setting: 17s. 6d. per single column inch.

NORFOLK COUNTY COUNCIL

Applications are invited for vacancies in the undermentioned areas:

District Nurse/Midwife/Health Visitor (preferably with Queen's and H.V. Certificate or willing to train)

Aldeby, Nr. Beccles. Unfurnished house. **Burnham Market, North Norfolk.** Unfurnished house.

Castle Rising and Hillington, Nr. King's Lynn. Two nurses (friends) required for double district. Unfurnished bungalow at Flitcham.

Hilgay, Nr. Downham Market. Unfurnished house.

Hockham, Nr. Thetford. Unfurnished house.

Long Stratton, South Norfolk. Second Nurse. Furnished accommodation.

Oulton, Nr. Aylsham. Unfurnished house. **Tilney, Nr. King's Lynn.** Unfurnished house.

Terrington St. John, Nr. King's Lynn. Furnished accommodation—house later.

District Nurse/Midwife (preferably with Queen's Certificate or willing to train)

Diss. Unfurnished house. **Fakenham.** Increase of staff. One of three nurses living separately. Furnished accommodation.

Full-time Midwife (S.R.N., S.C.M. and preferably with Queen's Certificate)

East Dereham. Unfurnished house. Facilities available for Health Visitor and Queen's Nurse training with a view to generalised duties.

Staff needed for relief duties—holidays or longer periods. Whitley Council salaries and conditions of service.

Successful applicants can use their own cars (loans available for purchase) or cars can be provided. Consideration will also be given to supplying furniture, if required.

Application forms from County Medical Officer, 29 Thorpe Road, Norwich.

WEST SUSSEX COUNTY COUNCIL

Applications are invited for the following vacancies:

Selsey (small seaside town). Two required for Generalised duties. Health Visitor's Certificate essential and District training desirable. The post is suitable for friends, who would share an attractive house, furnished or unfurnished. Cars provided or allowance for use of own cars.

Littlehampton (seaside town). Two District Midwives required. Suitable for friends who would share a furnished or unfurnished flat. Cars provided or allowance for use of own cars.

Application forms and further details may be obtained from County Medical Officer, County Hall, Chichester.

T. C. HAYWARD
Clerk of the County Council

SOMERSET COUNTY COUNCIL

Midwifery and Nursing Services
Whitley Council Conditions

Peasedown St. John (Nr. Bath)

Two Queen's Nurse/Midwives with Health Visitors certificate or willing to train. Two cars provided. Small furnished house.

Lower Langford

Double vacancy for Queen's Nurse/Midwives with Health Visitors certificate or willing to train. Attractively furnished house. Two cars available.

Langport Area

S.R.N., S.C.M. required for relief duties in group of three. Unfurnished bungalow available. Car provided.

Clevedon

Queen's Nurse/Midwife, or S.R.N., S.C.M., to work in group of four. Car provided. Lodgings available.

Crewkerne

Two Queen's Nurse/Midwives with Health Visitors certificate or willing to train. To live in comfortably furnished house. Two cars provided. Third Queen's Nurse/Midwife employed, living separately.

Frome

Nurse/Midwife urgently required to work with group of five nurses. Comfortable attractive home.

Keynsham

Two Nurse/Midwives urgently required. Motorists. Attractive furnished flat available for one and, if necessary, help given in securing accommodation for second appointment.

Bridgwater

Full-time S.R.N. required, preferably with district training; or an experienced S.E.A.N. Motorist. Resident in comfortable nurses' home or non-resident.

Help given with driving tuition in all cases, if required.

For further particulars apply to: County Medical Officer of Health, County Hall, Taunton.

ISLE OF ELY COUNTY NURSING ASSOCIATION

WISBECH. Immediate vacancy for married couple (Queen's nurses), or district nurses or district nurse midwives.

For January. Two full-time midwives, or district nurse midwives preferably with Queen's training.

Excellent experience for nurses wishing to take Midwife Teachers Diploma. Two new houses available furnished or unfurnished. Motorists or willing to learn, cars provided.

Whitley Council salaries and conditions of service.

Application forms may be obtained from the Superintendent Nursing Officer, County Hall, March, Cambs.

CITY OF OXFORD DISTRICT NURSING SERVICE

Two Queen's Nurses required for small branch home. General nursing only. Furnished house, domestic help provided. Preferably motorists. Suit friends.

Vacancy for a Queen's Nurse at Training Home. Resident or non-resident.

Apply: Superintendent,
39 Banbury Road,
Oxford.

CITY OF YORK

District Midwife and Premature Baby Nurse
Applications are invited from State Certified Midwives for two district posts in the City of York:—

1. Premature baby nurse—vacant January 1st, but training if necessary will be arranged before that date.

2. District midwife.

Whitley Council Salary and conditions of service. Car allowance available.

Applications stating age, qualifications and experience, together with the names of two referees, to be forwarded to the Medical Officer of Health, 9 St. Leonard's Place, York.

T. C. BENFIELD
Town Clerk

BUCKS COUNTY COUNCIL

Midwifery and Home Nursing Service
Aylesbury. One District Nurse/Midwife. Self-contained flat available, furnished or unfurnished. Car driver or willing to learn.

St. Leonards. One District Nurse/Midwife. Rural Area. Bungalow available, furnished or unfurnished. Car driver essential.

Linslade. One District Nurse/Midwife. House available, furnished or unfurnished. Car driver or willing to learn.

Apply: County Medical Officer, County Offices, Aylesbury, Bucks.

HEREFORDSHIRE COUNTY COUNCIL

Hereford City—Extension of Staff

(a) Two District Nurse/Midwives required for combined duties. Would suit two friends, normally off duty together. Good accommodation, new house, unfurnished or furnished. Cyclists or motorists—car provided.

(b) District Nurse/Midwife required for combined duties. Modern house, unfurnished or furnished. Cyclist or motorist—car provided.

Application forms and terms of appointment may be obtained from the County Medical Officer, 35 Bridge Street, Hereford.

Other Advertisements on p. 172

Please mention 'District Nursing' when replying to advertisements

LANCASHIRE COUNTY COUNCIL

Home Nursing Service

(a) District Nurse/Midwife/Health Visitors or District Nurse/Midwives

1. **Broughton-in-Furness:** Furnished bungalow available.
2. **Kirkby Ireleth:** Own accommodation or share with Broughton-in-Furness nurse.
3. **Ulverston Rural:** Own accommodation at present. Possibility of house.

N.B. Bungalow at Broughton may be shared by two friends serving Broughton and Kirkby Ireleth

These areas are situated in the Lake District National Park.

(b) District Nurse/Midwives

4. **Croston**, near Preston.
5. **Lea**, near Preston.
6. **Garstang**, near Preston.
7. **Lees**, near Oldham—Possibility of house.

(c) General Nurses

8. **Chadderton**, near Oldham.
9. **Denton**, near Manchester—Possibility of house.
10. **Rainhill**, near Liverpool—Possibility of house.
11. **Huyton**, near Liverpool.
12. **Great Harwood**, near Blackburn.

(d) State Enrolled Assistant Nurse

13. **Fulwood**, near Preston.

Own accommodation unless otherwise stated.

District training an advantage in groups (a), (b) and (c). Car drivers preferred. Whitley Council Salary Scales. Appointments superannuable and subject to medical examination. Applications to County Medical Officer of Health, Serial 1086, East Cliff County Offices, Preston.

EXETER—DEVON

(Training Home)

Second Assistant Superintendent required (resident). Health Visitor's Certificate. Interested in practical teaching and in general administration. Previous experience not essential. Motorist—car provided or allowance to car owner.

Apply, Superintendent, Exeter Maternity and D.N.A., 11 Elmgrove Road, Exeter.

TANGANYIKA

DISTRICT NURSING SERVICE

District Nurse/Midwife/Health Visitor with Queen's district nurse training required to assist in pioneering a District Nursing Service in Dar-es-Salaam. Salary according to Whitley scales—plus £120 overseas allowance.

Apply to Dep. Gen. Supt. Q.I.D.N., 57 Lower Belgrave Street, London, S.W.1.

BRIGHTON D. N. A.

First Assistant Superintendent required. Excellent experience in general administration. General nursing and little midwifery undertaken. Staff approximately 39 including Student District Nurses. Motorist, car provided or allowance for owner user. Resident or non resident. Apply: Dep. Gen. Supt., Q.I.D.N., 57 Lr. Belgrave St., S.W.1.

FULHAM D.N.A.

Assistant Superintendent required. General nursing only. Good experience in administration. Motorist or willing to learn.

Apply: Dep. Gen. Supt., Q.I.D.N., 57 Lower Belgrave St., S.W.1.

WESTMORLAND COUNTY COUNCIL NURSING SERVICES

Burnside, near Kendal. District nurse-midwife-health visitor required for combined duties. House and car provided or payment according to N.J.C. recommendations for use of own car. Apply: County Medical Officer, County Hall, Kendal.

QUEEN'S INSTITUTE

District Nurse/Health Visitor Courses

Applications are invited for the District Nurse/Health Visitor Course due to begin on 1st May, 1959. The District Nurse Training is given at one of the approved Queen's Training Centres and is followed in September, 1959, by the Health Visitor Training at Bolton or Brighton. Details of bursaries, etc., available from the Education Dept., Q.I.D.N., 57 Lr. Belgrave St., S.W.1.

WARWICKSHIRE COUNTY COUNCIL

Applications are invited for the following vacancies. Where houses or other accommodation available, this can be either furnished or unfurnished. Whitley Council charges. Financial assistance towards removal expenses considered.

District Nurses—District Midwives—District Nurse Midwives

- Area 1 **Sutton Coldfield** (urban) (a) district midwife-motorist-house. (b) district nurse midwife-motorist-house.
- Area 2 **Atherstone** (urban and rural) district nurse midwife-motorist-house. **Nuneaton** (town) (a) two district midwives-motorists-adjacent houses or one suitable friends desiring to share. (b) district nurse-motorist-house.
- Ansley** (rural) district nurse midwife-motorist-house. **Bulkington** (urban and rural) D.N. midwife-motorist-house.
- Area 3 **Rugby** (town) district nurse midwife-motorist-flat.
- Area 4 **Coleshill** (rural) district nurse midwife-motorist-flat. **Castle Bromwich** (urban) D.N. midwife-motorist-flat being built.
- Area 6 **Leamington Spa** (town) (a) district nurse midwife-motorist-part house. (b) district midwife-motorist. **Kenilworth** (urban) district nurse midwife-motorist-flat.

District Nurse Midwife/Health Visitors

- Area 4 **Berkswell** (rural) one required-motorist-part house, own rooms. **Amington** (mainly rural) two required-motorists-house suitable for friends sharing or to be let to one nurse.
- Meriden** (rural) one required-motorist-bungalow.

Health Visitors

- Area 1 **Sutton Coldfield** (urban) one required-motorist.
- Area 2 **Bedworth** (urban) one required-motorist-part house. **Nuneaton** (town) two required-motorists-bed-sittingrooms, shared kitchen, separate cookers.
- Area 5 **Shirley** (urban and rural) two required-motorists-possibility of house for friends desiring to share.

Motorists can receive allowance for own car or car will be provided. Application forms and full particulars may be obtained from the Area Medical Officer, Health Department:—

Area 1, Council House, Sutton Coldfield. Area 2, Council House, Nuneaton. Area 3, Albert House, Albert St., Rugby. Area 4, Park Rd., Coleshill, Birmingham. Area 5, 69 New Rd., Solihull. Area 6, 38 Holly Walk, Leamington Spa.

The Council is a member of the Queen's Institute of District Nursing. L. Edgar Stephens, Clerk of the Council

Mother-love alone is not enough

Every nurse whose work brings her in touch with inexperienced mothers knows that "mother-love" is not enough, by itself, to ensure baby's well-being.

That is why nurse's guidance is important, and so much appreciated when mothers are gaining confidence for the task of rearing their little ones.

Realising this, Steedman's bring to your notice their "Hints to Mothers" booklet which nurses have distributed for many years with happy results. Its practical guidance to baby ailments has proved invaluable over and over again.

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If, therefore, your work brings you among young mothers and their children, do not hesitate to recommend Steedman's Powders and ask for supplies of booklets and sample powders. They are post free on request.

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ever built. It does an incredible 87 miles to every gallon of fuel, and the annual tax is only £5.

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iii

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